

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004462

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

336

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 5527 Oriole Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5527 Oriole Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

VincentSaporita

4. DATE

OF DEATH

Month

Day

Year

January61962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/6/1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Produce

11. BIRTHPLACE (City and state or country)

Italy

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Saporita

13b. MOTHER'S MAIDEN NAME

Anna Pante

14. NAME OF HUSBAND OR WIFE

Rosara Saporita, Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frank Saporita, 4334 So. Compton Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEART FAILURE, CONGESTIVE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/15/59to 1/6/62and last saw him alive on 1/6/62

Death occurred at

11:15 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Earl W. Lamine, M.D.

22b. ADDRESS

600 WEST FLORISSON

22c. DATE SIGNED

1/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. LouisMissouri

24. FUNERAL DIRECTOR

ADDRESS

JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG.

JAN 9 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. H. Rist

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.